| TRANSHIETAL FORM (to be used for all correspondingse after initial filing)                                                                                                                                                                                                             |                               |                                                                                     | Application No.        | 09/841,943                                                     |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------|--|--|--|--|
|                                                                                                                                                                                                                                                                                        |                               |                                                                                     | Filing Date            | April 24, 2001                                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                        |                               |                                                                                     | First Named Inventor   | Tung Nguyen                                                    |  |  |  |  |
| MAR 2 1 2007 S                                                                                                                                                                                                                                                                         |                               |                                                                                     | Art Unit               | 2616                                                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                        |                               |                                                                                     | Examiner Name          | Ryman, Daniel J.                                               |  |  |  |  |
| Total Number of                                                                                                                                                                                                                                                                        | s in TIS Submission           | 13                                                                                  | Attorney Docket Number | 6356P001                                                       |  |  |  |  |
| ENCLOSURES (check all that apply)                                                                                                                                                                                                                                                      |                               |                                                                                     |                        |                                                                |  |  |  |  |
| Fee Transmittal                                                                                                                                                                                                                                                                        | Form                          | Drawing(s)                                                                          |                        | After Allowance Communication to TC                            |  |  |  |  |
| Fee Attack                                                                                                                                                                                                                                                                             | Fee Attached                  |                                                                                     | related Papers         | Appeal Communication to Board of Appeals and Interferences     |  |  |  |  |
| Amendment / Reply                                                                                                                                                                                                                                                                      |                               | Petition                                                                            |                        | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |  |  |  |  |
| After Final Affidavits/declaration(s)                                                                                                                                                                                                                                                  |                               | Petition to Convert a Provisional Application                                       |                        | Proprietary Information                                        |  |  |  |  |
| Extension of Time Request                                                                                                                                                                                                                                                              |                               | Power of Attorney, Revocation Change of Correspondence Address                      |                        | Status Letter  Other Enclosure(s) (please identify below):     |  |  |  |  |
| Express Abandonment Request                                                                                                                                                                                                                                                            |                               | Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD |                        |                                                                |  |  |  |  |
| Information Disclosure Statement                                                                                                                                                                                                                                                       |                               |                                                                                     |                        | Request for Continued Examination (RCE) 1 page.                |  |  |  |  |
| PTO/SB/08                                                                                                                                                                                                                                                                              |                               |                                                                                     |                        | Return postcard                                                |  |  |  |  |
| Certified Copy of Priority Document(s)                                                                                                                                                                                                                                                 |                               |                                                                                     |                        | ·                                                              |  |  |  |  |
| Response to Missing Parts/ Incomplete Application                                                                                                                                                                                                                                      |                               | Remedia                                                                             |                        |                                                                |  |  |  |  |
| Basic Filing Fee                                                                                                                                                                                                                                                                       |                               | Remarks                                                                             |                        |                                                                |  |  |  |  |
| Declaration/POA                                                                                                                                                                                                                                                                        |                               |                                                                                     |                        |                                                                |  |  |  |  |
| Response Parts und 1.52 or 1.5                                                                                                                                                                                                                                                         | to Missing<br>er 37 CFR<br>53 |                                                                                     |                        |                                                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                        | SIGNATURE                     | OF APPLICA                                                                          | NT, ATTORNEY, OR A     | GENT                                                           |  |  |  |  |
| Firm or                                                                                                                                                                                                                                                                                | Robert B. O'Bo                | urke, Reg. No.                                                                      | . 46,972               |                                                                |  |  |  |  |
| Individual name                                                                                                                                                                                                                                                                        | BLAKELY, S                    | OKOLOFF,                                                                            | TAYLOR & ZAFN          | IAN LLP                                                        |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                              | 7,1                           |                                                                                     |                        |                                                                |  |  |  |  |
| Date 3 19 07                                                                                                                                                                                                                                                                           |                               |                                                                                     |                        |                                                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                        | CERTIFI                       | CATE OF MAIL                                                                        | ING/TRANSMISSION       |                                                                |  |  |  |  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                               |                                                                                     |                        |                                                                |  |  |  |  |
| Typed or printed na                                                                                                                                                                                                                                                                    |                               |                                                                                     |                        |                                                                |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                              | Lanon                         | 2.10ha                                                                              | 2(2(02)                | Date March 19 2007                                             |  |  |  |  |



## FE TRANSMITTAL FY 2006

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 620.00

| Complete if Known    |                  |  |  |  |
|----------------------|------------------|--|--|--|
| Application Number   | 09/841,943       |  |  |  |
| Filing Date          | April 24, 2001   |  |  |  |
| First Named Inventor | Tung Nguyen      |  |  |  |
| Examiner Name        | Ryman, Daniel J. |  |  |  |
| Art Unit             | 2616             |  |  |  |
| Attorney Docket No.  | 6356P001         |  |  |  |

| METHOD OF PAYMENT (check all that apply)                                                                                                                                                    |                                                                   |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|--|--|--|--|
| ☑Check ☐Credit card ☐ Money Order ☐None ☐Other (please identify):                                                                                                                           |                                                                   |  |  |  |  |  |
| Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP                                                                                | ,                                                                 |  |  |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                                                                      |                                                                   |  |  |  |  |  |
| Charge fee(s) indicated below                                                                                                                                                               |                                                                   |  |  |  |  |  |
| Charge fee(s) indicated below, except for the filing fee  Any concurrent or future reply that requires a petition for                                                                       | nr l                                                              |  |  |  |  |  |
|                                                                                                                                                                                             | "                                                                 |  |  |  |  |  |
| Charge any additional fee(s) of underpayment of fee(s)                                                                                                                                      | .d                                                                |  |  |  |  |  |
| during the pendency of this application.  appropriate petition for extension of time and all require fees should be charged.                                                                | ~ <b>`</b>                                                        |  |  |  |  |  |
| FEE CALCULATION                                                                                                                                                                             |                                                                   |  |  |  |  |  |
| 1. EXTRA CLAIM FEES                                                                                                                                                                         |                                                                   |  |  |  |  |  |
| 1. EXTRA CLAIM FEES Edra Feefrom Claims below Fee Paid                                                                                                                                      |                                                                   |  |  |  |  |  |
| Total Claims 6 46* - 0 x 25.00 = \$0.00                                                                                                                                                     |                                                                   |  |  |  |  |  |
| Independent Claims                                                                                                                                                                          |                                                                   |  |  |  |  |  |
| Multiple Dependent = =                                                                                                                                                                      |                                                                   |  |  |  |  |  |
| Large Entity   Small Entity                                                                                                                                                                 |                                                                   |  |  |  |  |  |
| Fee Fee Fee Fee Fee Description                                                                                                                                                             |                                                                   |  |  |  |  |  |
| Code (5) Code (5)<br>1202 50 2202 25 Claims in excess of 20                                                                                                                                 |                                                                   |  |  |  |  |  |
| 1201 200 2201 100 Independent claims in excess of 3                                                                                                                                         |                                                                   |  |  |  |  |  |
| 1203 360 2203 180 Multiple Dependent claim, if not paid 1204 790 2204 395 **Reissue independent claims over original patent **or number proviously paid if greater. For Reissues see halow  |                                                                   |  |  |  |  |  |
| 1204 790 2204 395 Reissue independent damins over original patent "or number previously paid, if greater, For Reissues, see below "Reissue claims in excess of 20 and over original patent" |                                                                   |  |  |  |  |  |
| SUBTOTAL (1) (\$) 0.00                                                                                                                                                                      |                                                                   |  |  |  |  |  |
| 2. ADDITIONAL FEES                                                                                                                                                                          |                                                                   |  |  |  |  |  |
| Large Entity Small Entity Fee Fee Fee Fee                                                                                                                                                   |                                                                   |  |  |  |  |  |
| Code (5)   Code (5)   Fee Description   Fee Paid                                                                                                                                            |                                                                   |  |  |  |  |  |
| 1051 130 2051 65 Surcharge - late filing fee or oath                                                                                                                                        |                                                                   |  |  |  |  |  |
| 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.                                                                                                                     |                                                                   |  |  |  |  |  |
| 2053 130 2053 130 Non-English specification 1251 120 2251 60 Extension for reply within first month                                                                                         | Non-English specification  Extension for reply within first month |  |  |  |  |  |
| 1252 450 2252 225 Extension for reply within second month 225.00                                                                                                                            |                                                                   |  |  |  |  |  |
| 1253 1,020 2253 510 Extension for reply within third month                                                                                                                                  | Extension for reply within third month                            |  |  |  |  |  |
| 1254 1,590 2254 795 Extension for reply within fourth month 1255 2,160 2255 1,080 Extension for reply within fifth month                                                                    |                                                                   |  |  |  |  |  |
| 1401 500 2401 250 Notice of Appeal                                                                                                                                                          |                                                                   |  |  |  |  |  |
| 1402 500 2402 250 Filing a brief in support of an appeal                                                                                                                                    |                                                                   |  |  |  |  |  |
| 1403 1,000 2403 500 Request for oral hearing 1451 1,510 2451 1,510 Petition to institute a public use proceeding                                                                            |                                                                   |  |  |  |  |  |
| 1460 130 2460 130 Petitions to the Commissioner                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                             |  |  |  |  |  |
| 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)                                                                                                                                         |                                                                   |  |  |  |  |  |
| 1806 180 1806 180 Submission of Information Disclosure Stmt                                                                                                                                 | '                                                                 |  |  |  |  |  |
| 1809 790 1809 395 Filing a submission after final rejection (37 CFR § 1.129(a))  1810 790 2810 395 For each additional invention to be examined (37 CFR § 1.129(b))                         | Filing a submission after final rejection (37 CFR § 1.129(a))     |  |  |  |  |  |
| Other fee (specify)                                                                                                                                                                         |                                                                   |  |  |  |  |  |
| SUBTOTAL (2) (5) 620.00                                                                                                                                                                     |                                                                   |  |  |  |  |  |
|                                                                                                                                                                                             |                                                                   |  |  |  |  |  |

| SUBMITTED BY Complete (if applicable) |                                     |        |           |                 |  |  |  |
|---------------------------------------|-------------------------------------|--------|-----------|-----------------|--|--|--|
| Name (Print/Type) Robert B. O'Rourke  | Registration No.<br>(Attomey/Agent) | 46,972 | Telephone | (498) //20-8300 |  |  |  |
| Signature                             |                                     |        | Date      | 3/19/07         |  |  |  |